

MISSISSIPPI STATE BOARD  
*Of*  
CONTRACTORS

All supporting documentation must be submitted within 180 days of filing this application.  
The application fee is non-refundable.

STATEMENT OF EXPERIENCE,  
PERSONNEL AND EQUIPMENT

TO BE MAILED TO THE  
STATE BOARD OF CONTRACTORS

Mailing Address:  
P.O. Box 320279  
Jackson, MS 39232-0279

Phone: (601) 354-6161 • Fax (601) 354-6715 • (800) 880-6161

PLEASE ATTACH FINANCIAL STATEMENT  
FORM ENCLOSED REVIEWED BY A  
CERTIFIED PUBLIC ACCOUNTANT

APPLICATION FOR  
CERTIFICATE OF RESPONSIBILITY  
TO PRACTICE CONTRACTING  
IN THE STATE OF MISSISSIPPI

Three reference letters  
(one from your financial  
institution/bank) must  
be attached.

SUBMITTED BY \_\_\_\_\_  
(Give name in which Certificate of Responsibility is to be issued)

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

DATE \_\_\_\_\_

MISSISSIPPI STATE SALES OR USE TAX NUMBER \_\_\_\_\_

MS INCOME TAX I.D. NUMBER \_\_\_\_\_  
(FEDERAL INCOME TAX I.D. NUMBER)

Check # \_\_\_\_\_

# APPLICANT'S INSTRUCTIONS AND INFORMATION

(Please read carefully prior to Completing Application)

The State Board of Contractors has adopted the following regulations concerning the preparation and submission of Applications for a Certificate of Responsibility. Applicants personal appearance before the board when the application is being considered is not required.

1. Once your application is complete and you have met all requirements including the exams it is sent to the Board through an email process instead of waiting on the next regularly scheduled Board Meeting. It usually takes about a week to two weeks to get a license issued.
2. Please type or print plainly in ink. All questions must be answered and schedules completed. Write "none" where applicable. Additional information, including supplementary or explanatory notes considered necessary, may be furnished by inserting where needed (legal size paper).
3. Be sure that all signatures are affixed and notarized where indicated on page 7.
4. A check in the amount of \$200 made payable to the State Board of Contractors should accompany this application; plus \$50 for each additional classification.
5. Applicant's complete business name style must appear on Page 3 of the application form. The Certificate will be issued in that name only.
6. REVIEWED FINANCIAL STATEMENT. Applicant's financial statement MUST BE reviewed or audited by CPA within the last 12 months. Major classes must have a net worth/equity of \$50,000; speciality classes, \$20,000.
7. No certificate of responsibility or any renewal thereof shall be issued until the applicant furnishes to the board its Mississippi State sales tax or use tax number and Mississippi income tax I.D. numbers. You may contact the Dept. of Revenue at (601) 923-7000 or [www.mstc.state.ms.us](http://www.mstc.state.ms.us) for further information on obtaining these numbers.
8. All corporations or LLCs must qualify to do business in this state with the office of the Secretary of State and provide the board with a certificate attesting to such qualification. Secretary of State's Number: (601) 359-1633 or [www.sos.ms.gov](http://www.sos.ms.gov)
9. A certificate of Insurance naming the State Board of Contractors as the certificate holder (general liability and workers' compensation) is required.
10. EXAMINATIONS: An examination is required for all applicants unless you qualify for reciprocity (see page 2). Reciprocity only waives the trade exam. The law exam is mandatory. To be eligible to take the examinations you must complete the exam qualifier information (found on page 2) for each person you wish to be tested. The testing company PSI administers the contractors' examinations. Upon receipt of this completed application, we will mail to you a candidate Information Bulletin and registration instructions. You will find the answers to your questions about the exam in this bulletin. PSI offers nationwide testing. Contact PSI for locations.
11. Unless listed as an officer of the company proof of employment will be required on all qualifiers.
12. CLASSIFICATIONS: The board will classify each applicant and issue a Certificate of Responsibility for the type or types of contracts on which he may bid on the following basis:
  - (A) The applicant will not be classified or permitted to bid on or perform on type or types of work not included in his request.
  - (B) The applicant shall state on the application the classification he desires to perform and contract, such classification to be selected and determined from the Following list of classifications:

**MAJOR CLASSIFICATIONS:** (1) Building Const. (2) Highway, St. & Bridge Const., (3) Heavy Const. (4) Electrical Work (5) Mechanical Work (6) Municipal and Public Works Construction

**SPECIALITY CLASSIFICATIONS:** You will find a partial list of specialty classifications on the next page.

SPECIALITY CLASSIFICATIONS

Air Pollution Control	Fireproofing	Masonry Restoration
Acoustical/Drywall Treatments	Fire Sprinkler Work	Median Barrier Walls
Alarm Systems & Equip.	Floor Covering	Millwork
Access Systems/Security	Food Service Equipment	Millwright
Aluminum	Foundations, Caissons, Piledriving	Oil Field Construction
Asbestos Abatement or Removal	Foundations for Building, Equip.	Ornamental Iron, Steel Buildings,
Asphalt Milling/Recycling	or Machinery	Misc., Metals
Athletic Fields/Golf Courses	Fueling Systems	Painting
Automation Mfg.	Geotextile and Membrane Liners	Painting, Interior Decorating,
Bleachers and Grandstands	Glass. Glazing, Windows &	Wallcovering
Boiler Install. and Repair	Skylights	Pile Driving
Boring and Tunneling	Grain Elevators and Silos	Plumbing
Building Specialities	Grassing	Railroads
Canopies	Greenhouse Construction	Refrigeration
Carpentry	Hazardous Material Abatement	Remodeling
Cathodic Protection	and Remediation	Retention Systems
Chemical Cleaning	Heat, AJC, Ventilation, Duct (HVAC)	Rigging, House Moving, Wrecking
Clearing, Grubbing and Snagging	Excavation, Grading & Drainage	& Dismantling
Commercial Coolers	Hydroblasting & Sandblasting	Roof Decks
Communications Systems	Incinerator Construction	Roofing, Sheetmetal and Siding
Concrete	Industrial Piping	Scaffolding
Concrete Pumping	Industrial Plant Maintenance	Sign Erection
Concrete Reinforcing	Install. of Construction Specialties/	Slip Lining and Pipebursting
Construction Management	Furniture/Equipment	Soil Drainage Wicks
Conveyer Systems	Install. of Equipment, Machinery	Steel Tanks and Vessels
Crack Sealing/Pavement Sealants	and Engines	Structural Steel
Demolition	Install. of Lining and Coatings	Swimming Pools
Detention Equipment	Install. of Pneumatic Tubes and	Tennis Courts
Directional Boring	Conveyers	Towers
Pipe Installation	Instrumentation	Traffic Control, Signs, Striping
Doors	Insulation	Guard Rails/Median Barriers
Dredging	Insulation for Cold Storage and	Transmission Distribution Lines
Driveways, Parking Areas,	Building	Underground Utilities
Asphalt/Concrete	Irrigation Systems	Undersealing or Leveling of Roads
Electronic and Computer Install.	Landscaping, Grading and	Waterproofing
Elevated Storage Tanks	Beautification	Welding
Elevator and Escalators	Lathing, Plastering and Stuccoing	Well Drilling
Energy Management	Loading Dock Equipment	Window Treatment
Exhibit Construction	Marinas	Woodyard Systems
Fencing	Masonry, Brick and Stone	

**RECIPROCITY: If you have had a license for three (3) consecutive years with the following Boards, you may request a reciprocity form from our office. Reciprocity only waives the trade exam. The law exam is mandatory.**

Arkansas Contractor Licensing Board, Louisiana Licensing Board For Contractors, Tennessee Board For Licensing General Contractors, South Carolina Board For Licensing Contractors, Alabama Heating, Air Conditioning Board, Alabama General Board and Alabama Electrical Board

**See the FAQ section on our website for up to date reciprocity information.**

EXAM QUALIFIER INFORMATION: The applicant may have an unlimited number of exam qualifiers for each classification. **All applicants must complete this section listing an exam qualifier for your application to be considered complete.**

Company Name \_\_\_\_\_

Name of Qualifying Party \_\_\_\_\_

(Individual qualifying the applicant by examination)

Has the qualifier ever been connected with any other license in MS? If so provide company name and license number. \_\_\_\_\_

Position with the Applying Company \_\_\_\_\_

Date hired (if applicable) \_\_\_\_\_ SS # \_\_\_\_\_

This person will quality this company by:

**Please provide proof of employment for all qualifiers**

A. \_\_\_\_ passing the technical examinations required by the board.  
(if you know which exam(s), please indicate)  
\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_ passing the law and business examination required by the board

Note: If the applicant is an individual, examination may be taken by his personal appearance for examination or by the appearance for examination of one or more of his responsible managing employees; and if a co-partnership or corporation or any other combination, by the examination of one or more of the responsible managing officers or members of the executive staff of the applicant’s firm. according to its own designation.

**MISSISSIPPI STATE BOARD OF CONTRACTORS**

2679 Crane Ridge Drive, Suite C  
JACKSON, MS 39216  
(601) 354-6161 1 (800) 880-6161  
FAX: (601) 354-6715

**KEEP IN MIND**  
**AFTER 180 DAYS YOUR APPLICATION IF NOT COMPLETED**  
**IS DESTROYED AND YOU WILL HAVE TO REAPPLY.**  
**THE APPLICATION FEE IS NONREFUNDABLE.**

ALL INFORMATION IS TO BE COMPLETE AND SUBMITTED PRIOR TO ANY ACTION BEING TAKEN ON YOUR LICENSE. ONCE YOUR APPLICATION IS COMPLETE AND ALL EXAM SCORES AND MONEY ARE IN OUR OFFICE WE NOW CAN USUALLY HAVE YOUR LICENSE ISSUED IN A WEEK TO TWO WEEKS IF THERE ARE NO PROBLEMS WITH YOUR APPLICATION.

Below is a helpful checklist of items we must have to complete any application.

- \_\_\_ A certificate showing proof that your corporation or LLC has registered with the Mississippi Secretary of State's office. You may contact their office at (601) 359-1350 or [www.sos.ms.gov](http://www.sos.ms.gov)
- \_\_\_ Mississippi Sales or Use Tax Number
- \_\_\_ Mississippi Income Tax I.D. Number or Federal I.D. number. To obtain these numbers, you may contact the MS State Tax Commission at (601) 923-7000 or [www.mstc.state.ms.us](http://www.mstc.state.ms.us)
- \_\_\_ Financial statement: See below for details:
  - \_\_\_ Review report (or audit) by a CPA on their letterhead.  
(A COMPILATION IS NOT ACCEPTED.)
  - \_\_\_ Audit required for TN Reciprocity.
  - \_\_\_ Major Classes: \$50,000 minimum net worth.
  - \_\_\_ Specialty Classes: \$20,000 minimum net worth.
- \_\_\_ \$200 for one classification plus \$50 for each additional classification requested. (check made payable to the State Board of Contractors)
- \_\_\_ Application must be signed and notarized (page 7).
- \_\_\_ Certificate of Insurance, General Liability: 300,000 per occurrence, 600,000 aggregate. Workers Compensation (if required) State Board of Contractors must be shown as the Certificate Holder.
- \_\_\_ Include 3 reference letters with your application. **(One of these must be from your bank.)**
- \_\_\_ Experience in requested classifications. Please list at least three (3) jobs completed.
- \_\_\_ Proof of employment of the qualifying party (check stub, W2 or request an affidavit)

Once this application is in our office we will mail testing information along with a checklist of any missing items.

Firm Name \_\_\_\_\_

(Give name Indic Certificate of responsibility to be issued.  
Licensees must conduct their contracting business under the exact name shown on the certificate)

Style of Business, Check One:      ☐ Individual    ☐ Co-Partnership    ☐ Limited Partnership  
   ☐ Corporation    ☐ LLC

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

IF PARTNERSHIP:    Name of Partners    (Use the abbreviation, “Ltd” after the name of limited partners)

\_\_\_\_\_  
\_\_\_\_\_

IF CORPORATION OR L.L.C.    Must register with the MS Secretary of State’s office and attach proof of good standing.  
State and date of Incorporation \_\_\_\_\_ Domicile \_\_\_\_\_

Has the Corporation or L.L.C. qualified to do business in Mississippi in accordance with the laws of the State? \_\_\_\_\_ If answer is yes give date \_\_\_\_\_

Certificate of Responsibility will not be issued until date of qualification is shown

Name of Principal Officers

President \_\_\_\_\_ Vice Pres. \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Have any of the officers ever been connected with any other MS license? If so provide company name:

Name of Persons Authorized in By-Laws or Minutes of the Corporation to Bind the Corporation by His or Her Signature.

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

**STATE KINDS OF WORK FOR WHICH CERTIFICATE OF RESPONSIBILITY IS DESIRED:**

Name other states in which applicant holds an contractor’s license and for how long: \_\_\_\_\_

Has any officer or qualifier been affiliated with a license in any state which has been revoked or fined? \_\_\_\_\_

1. How many years has your organization been in business as a contractor under your present business name?

2. How many years experience in construction work has your organization had:

(a) As a general contractor? \_\_\_\_\_ (b) As a subcontractor? \_\_\_\_\_

3. List projects completed by your organization during past three years complete mailing addresses for reference purposes.

YEARS	CLASS OF WORK	CONTRACT AMOUNT	PROJECT NO.

4. (a) List name of insurance companies with whom you have liability insurance. Must have a minimum of 300,000 per occurrence and 600,000 aggregate. Must attach a certificate of insurance.

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION	GENERAL LIABILITY

4. (b) Do you carry Workman’s compensation as required by law?    ☐ Yes    ☐ No

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION

5. Has any individual, responsible Managing Employee, Officer, or Member of the Executive Staff of your Organization pleaded guilty or been convicted of any charges relating to bid-rigging? \_\_\_\_\_ If so, give details in full, in confidential letter.
6. Have you or your company been adjudged bankrupt or petitioned for bankruptcy in the past seven (7) years? \_\_\_\_\_
7. Does your company wish to be noted on our records as a minority contractor? \_\_\_\_\_ This information will not be verified by our office.
8. Has any Officer or Partner of your Organization failed to complete a construction contract within the last year? \_\_\_\_\_
9. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ If so, where and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? \_\_\_\_\_ If so, state name of individual, other organization, and reason therefor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Has any officer of your organization ever failed to complete a construction contract handled in his own name? \_\_\_\_\_ If so, state name of individual, Name of owner, and reason therefor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. What is the construction experience of the principal individuals of your present organization? \_\_\_\_\_

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN YOUR ORGANIZATION	YEARS OF CONSTRUCTION EXPERIENCE	MAGNITUDE AND TYPE OF WORK	IN WHAT CAPACITY

GENERAL INFORMATION

Name type of contracts your are interested in bidding on (itemize).

SUBSIDIARY AND AFFILIATED COMPANIES

NAME AND ADDRESS	EXPLAIN IN DETAIL EXACTLY YOUR CONNECTION WITH THIS COMPANY

LIST OF SURETY COMPANIES WITH WHOM YOU HAVE DONE BUSINESS DURING THE PAST THREE YEARS

SURETY COMPANY	NAME OF STATE OR OWNER OF CONTRACT	DATE COMPLETED	PROJECT NO.	AMOUNT

LIST ALL INCOMPLETED PROJECTS YOUR ORGANIZATION NOW HAS UNDER CONTRACT

NAME OR OWNER OR CONTRACTING OFFICER	PROJECT NO. AND LOCATION	CLASS OF WORK	PERCENT COMPLETE	CONTRACT AMOUNT



CONTRACTOR’S EQUIPMENT SCHEDULE

List only owned equipment

Equipment at book value \_\_\_\_\_ \$ \_\_\_\_\_

	Quan tity	Description and Capacity of Items	Age of Items	Purchase Price	Depreciation Charge OFF	Book Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Are there any liens against the above? \_\_\_\_\_ If so, state total amount \_\_\_\_\_ \$ \_\_\_\_\_  
\* Do not lump any items except small hand tools.

For the purpose of inspection we desire to know the exact place each piece of equipment can be seen

Where Located Town, Project No., State Route No. Between _____ and _____ Etc.		Do Not Write In This Space Report
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

REFERENCES

Architects or Engineers \_\_\_\_\_  
for whom you have completed work. (Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

Bank \_\_\_\_\_  
(Name) (Street) (City & State) Zip

Material Supply Dealers \_\_\_\_\_  
(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

Contractors \_\_\_\_\_  
(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

AFFIDAVIT

Name of Company \_\_\_\_\_

- A. I certify under penalty of perjury under the laws of the State of Mississippi that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate.
- B. Any depository, vendor, or agency herein named is hereby authorized to supply such Board with any information to verify this statement.

STATE OF \_\_\_\_\_

PARISH OR COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and saith: That the foregoing statements are true and correct as of the date thereto and that the answers to the foregoing interrogatories are true.

\_\_\_\_\_  
(Owner(s). Officer or Authorized Representative

\_\_\_\_\_  
(Co-partner signature is applicable)

Sworn to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20 \_\_\_\_  
\_\_\_\_\_  
Notary Public  
My commission expires on \_\_\_\_\_



CONTRACTOR’S FINANCIAL STATEMENT

COMPANY NAME \_\_\_\_\_ PRINCIPAL OFFICER \_\_\_\_\_

FISCAL YEAR END \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

ASSETS

DOLLARS ONLY

CURRENT ASSETS	
Cash	\$ _____, _____, _____
Notes Receivable, net	\$ _____, _____, _____
Contracts Receivable, Contracts in progress	\$ _____, _____, _____
Contracts Receivable, Retainage Due Upon Completion of Contract	\$ _____, _____, _____
Contracts Receivable, Completed Contracts	\$ _____, _____, _____
Accounts Receivable, net	\$ _____, _____, _____
Other Current Assets	\$ _____, _____, _____
Materials in Stock	\$ _____, _____, _____
Costs and Estimated Earnings in Excess of Billings on Uncompleted Contracts	\$ _____, _____, _____
TOTAL CURRENT ASSETS	\$ _____, _____, _____
Real Estate: (Used for business purposes)	\$ _____, _____, _____
Construction Plant and Equipment	\$ _____, _____, _____
Furniture and Fixtures	\$ _____, _____, _____
Accumulated Depreciation	
NET BOOK VALUE OF PROPERTY, PLANT & EQUIPMENT	
Other Assets	\$ _____, _____, _____
TOTAL ASSETS	\$ _____, _____, _____

LIABILITIES AND EQUITY

DOLLARS ONLY

Notes Payable	\$ _____, _____, _____
Due to Sub-Contractors (Retained percentage and current estimates)	\$ _____, _____, _____
Accounts Payable	\$ _____, _____, _____
Current Portion of Long-Term Debt	\$ _____, _____, _____
Other Current Liabilities	\$ _____, _____, _____
Billings in Excess of Costs and Estimated Earnings on Contracts in Progress	\$ _____, _____, _____
Deferred Taxes	\$ _____, _____, _____
TOTAL CURRENT LIABILITIES	\$ _____, _____, _____
Long Term Debt	\$ _____, _____, _____
Other Liabilities	\$ _____, _____, _____
Deferred Taxes	\$ _____, _____, _____
TOTAL LIABILITIES	\$ _____, _____, _____
PROPRIETOR’S OR PARTNER’S EQUITY	
SHAREHOLDERS EQUITY:	
Capital Stock-common Stock \$ _____ per value, _____ shares	\$ _____, _____, _____
Authorized; _____ shares issued and outstanding	\$ _____, _____, _____
Additional Paid in Capital	\$ _____, _____, _____
Retained Earnings	\$ _____, _____, _____
Other	\$ _____, _____, _____
Less Treasury Stock at Cost, _____ shares	\$ _____, _____, _____
SHAREHOLDERS’ EQUITY	\$ _____, _____, _____
TOTAL LIABILITY AND EQUITY	\$ _____, _____, _____

## **INSTRUCTIONS FOR COMPLETION OF FINANCIAL STATEMENT**

- 1. Assets for major classifications must include a net worth of at least Fifty Thousand Dollars (\$50,000). Major classifications are: (1) Building Construction (2) Electrical Work (3) Heavy Construction (4) Municipal and Public Works Construction (5) Highway, Street and Bridge Construction and (6) Mechanical Work.**

**Assets of all other applicants must include a net worth of at least Twenty Thousand Dollars (\$20,000).**

- 2. Reviewed or Audited financial Statement must be performed within the last twelve (12) months.**